

PART B - FEE(S) TRANSMITTAL

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7590 02/04/2010

Hodes Pessin & Katz, P.A.
 Suite 400
 901 Dulaney Valley Road
 Towson, MD 21204

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/587,878	04/12/2007	Harry W.C. Raaijmakers	06167-PCT-PA 025646.001	3517

TITLE OF INVENTION: METHOD FOR MANUFACTURE OF CARBOXYALKYLINULIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	05/04/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
BLAND, LAYLA D	1623	536-119000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1. 2. <i>Hodes, Pessin, & Katz, P.A.</i> <i>901 Dulaney Valley Road Ste. 400</i> <i>Towson, Maryland 21204</i> 3.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Koninklijke Cooperatie Consun U.A.
 Solutia Europe N.V./S.A.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Breda, The Netherlands
 Brussels, Belgium

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3875 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date Apr 20, 2010

Typed or printed name Robert M. Gamson

Registration No. 32,986

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